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ABSTRACT

Developing a program of treatment for dyslexic readers involves four major problems: (1) definition of the reading isability, (2) administrative and educational inertia, (3) organization of the treatment program, and (4) the need for evaluatio and research. There is great disagreement over definitions of reading disabilities, yet an effective program is based on a clear understanding of what the reading disability is. Administrators and educators often do not have the knowledge and understanding of reading disabilities and therefore will not lead or approve the development of treatment programs. Organization of a program is based on an appropriate structure; early identification of children with reading problems; the availability of space, staff, and materials; and trained teachers with eclectic approaches. Organization is often the most difficulty problem in setting up a program. Finally, there is a great need for research and evaluation of dyslexic children and of educational programs which are ffective in treating them. (AL)

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The Administrative Problems Involved in Executing Clinical Recommendations for the Treatment of Severe Reading Disorders Within An Ongoing Educational System

When asked to prepare a working paper "on the administrative problems involved in executing clinical recommendations for the treatment of severe reading disorders within an ongoing educational system" I experienced great trepidation. My anxiety was not aroused by the difficulty of the assignment or the singular honor, but by the fear that I could not do justice to the task or effectively put into this manuscript my feelings, frustrations and dreams.

I realize that this introduction appears to be quite negative. I am afraid that it reflects so many years of disappointments and failures. (I believe that some of my peers, i.e. Saunders and Rawson, have experienced these same concerns.) I hope with all my heart that your committee meets great success and can break through the educational red tape and road blocks that have warped and doomed so many children.

Of course, there are many different ways to organize a paper of this type. I have selected a structure which groups the barriers under four major headings:

1. Defining the Problem
2. Administrative and Educational Inertia
3. Organization of the Program
4. Evaluation and Research

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Defining the Problem

One of the basic problems is that we cannot agree on what we are talking about. First, there is no agreement on the definition or name for the disorder. Some educators refer to this category as remedial, strephosymbolia, associative learning disability, specific reading or language disability, congenital word blindness, primary reading retardation or developmental dyslexia. To avoid semantic confusion we must agree on the name. One school district may refer to all retarded readers as remedial; another

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agency, in the same community, may use the term remedial for the small group of children with specific learning difficulties.

Our next problem is defining the term. Most of the current definitions are expressed in terms of specific etiology or measurable performance. Definitions cover heredity, organic, congenital, psychogenic, social and educational causes, and may include all pupils who are more than two years retarded in reading according to grade level or only the children with "associative learning problems." No one has clearly been able to validate the two year cut off, let alone agree on how to measure grade level achievement. Standardized tests of ability and achievement are more suspect every day. The latest definition that defines the dyslexic as one who cannot learn to read by conventional techniques or conventional school organization is quite different from the definition that states that the disorder is totally organic in nature. In fact, another semantic "hang-up" has developed since educators have never been able to agree on a definition for the word conventional. Because of this lack of agreement we cannot even guess at the number of pupils involved. Experts quote figures from half of one per cent to 20 per cent of the total school population.

In summary, the first barrier simply revolves around lack of communication. We must agree, no matter how arbitrary the decision, on a name and a practical functional definition for this disability. This must be done before we can accurately determine the frequency and the etiology. The solution to all other barriers is based on first solving this problem.

Administrative and Educational Inertia

Administrators often do not understand what the problem is; namely, that there are such a large number of children who have not been successful learners with the traditional methods. Too often lip service has been given to the "individual" child, "individualization" of programs, etc., but in reality children are lined up, spray-

gunned, and then if that does not take the pupil is a "problem."

Some of the educational practices that are barriers towards implementing a dyslexia program are as follows:

1. The traditional three reading groups
2. Administrative decisions that notify teachers in September what page in the book they must reach by February
3. Principals' comments that we cannot expect teachers to know what learning problems are along with "everything else we expect them to do"
4. Educational decisions to categorize pupils as problems if they do not learn by standard methods of approach that are successful with most children

Of course, the fact that any effective dyslexia program will be very expensive is also a deterent. Providing sufficient space, extra personnel, teacher training, and special materials costs money. An effective program may take years to prove successful. If administrators are not completely sold on the program, they may fear that they are doing something just too unorthodox and expensive. Pressure from board members and the public can build rapidly and the tendency to look for the speedy magic panacea can become overwhelming.

The real problem may be that the decision making personnel are often too far away from the classroom to observe the failures and to search for the newer ideas about the causes. The great number of committees that ideas have to be forced through in order to finally be accepted, and the danger of dilution and modification after the idea has been exposed to these committees is a serious factor in large school districts. It is difficult for anyone removed from the day to day contact with children to be highly motivated about the small ideas and creative approaches that actually help children. People removed from interaction with pupils should be concerned with the administration of the program after the ideas have been proven to be effective. It is unfair to expect people who are not in constant contact with children to be very

creative in things that effect youngsters directly.

In summary, a major problem is the lack of knowledge and understanding on the part of administrators. Innovation is hard for many experienced educators, and inertia will inhibit experimentation and the development of new programs. Unfortunately, I do not believe that any effective program can be developed without administrative approval and leadership.

Organization of the Program

If the school system has defined the population they want to consider in their dyslexia program, and if the educators can agree on basic philosophy for implementation, the next barrier is the actual organization and administration of the remediation program.

1. Structure of the Remediation Program

A decision must be made on what type of organizational program should be provided for these pupils such as assistance in the regular classroom, small group, 1 to 1 tutoring program, or a full time clinic. Frequently different departments (i.e. general instruction versus special education) develop empire building conflicts that can retard the growth and development of the problem. The prevalent attitude among many semi-informed and concerned educators is that the dyslexic child is so special that he must receive a special placement, thereby implying the necessity of removal from even a modified program of studies. Unfortunately, with this philosophy in mind, a labeled "dyslexic" may sit and vegetate in a regular classroom waiting for special help. The classroom teacher becomes so terrified by the diagnosis that she avoids contact with the disabled reader. If the educators become too fearful and concerned, the hopeless-ness which they feel in trying to help might result in their "standing still" until they can afford to establish a clinic. Although a reduced class size, individual instruction

or interdisciplinary clinic would undoubtedly be ideal, the situation can be greatly helped within the regular classroom structure with appropriate techniques. Of course, whenever possible, there is the need for 1 to 1 and small group teaching for the most severe cases and for those pupils who have reached upper grade placement and have not received proper treatment.

A basic premise of remedial teaching is that each child needs to work on his own developmental level. This level may be different for each area of learning. In grouping the children their levels of education and social development must be taken into account. However, if the children do get grouped, the only factors taken into consideration will probably be decoding, speed and comprehension. It is difficult to see any real change in the teaching approach. The top group does what the bottom group does. . . only faster. Where does this leave the child with excellent comprehension but faulty decoding ability? Where does this leave the child with both faulty comprehension and decoding? Unfortunately, it usually leaves him in the same reading group, using the same techniques as the top group. . only moving at a snail's pace.

2. Early Identification

The literature underscores quite clearly the importance of early identification of children with reading disabilities. I noted in an earlier report that within a prescribed 2 year treatment period approximately 80% of the 2nd grade children were remediated in contrast to a 6% remediation of 9th grade pupils. More important than the number of cases remediated, however, is the quality of the remediation. Research to be published in the spring of 1969 suggests that children remediated in the secondary schools have difficulty maintaining their skills and achievement levels when returned to the regular classroom program. There does not appear to be this degree of remission in the elementary grades.

One of the major problems inherent in the identification of reading disabilities is that traditionally educators, physicians, and other professional workers concerned with the problem have relied almost exclusively on capacity and achievement scores determined by standardized tests. Standardized tests of reading achievement do not always indicate the pupil's optimal instructional reading level.

The picture is just as confusing concerning capacity evaluations. Most of the measuring instruments are tests that require reading, yet often they are given to students who cannot read or have not learned to read effectively. There is considerable variability between the different capacity-measuring instruments.

It is more difficult but very necessary to identify as early as the kindergarten level those potential dyslexic children and begin teaching them appropriately in the first grade. Most present first grade evaluation programs are not interpreted in the manner that identifies such children. Thus, we have no idea how many children we are talking about until they are third graders and the problem has changed from a preventive one to a remedial and emotional one. Sometimes a dyslexic child is intelligent enough to memorize enough vocabulary to not be considered a remedial case until the fourth grade. However, the cut-off grade in his school may be the third grade because of the school's concern and concentration on early remediation. If the child is lucky he may be seen twice a week. By then even the most intelligent child may need a minimum of one hour a day and probably needs it alone. Very often administrators cannot accept this 1-1 relationship and assign their expensive reading specialist to large groups of pupils instead of small groups of dyslexics.

While it is generally not to difficult for the trained people working with dyslexic children to be able to identify them, it does require many disciplines in order to distinguish them from the organic or emotionally disturbed groups even though they

too may have this problem.

Interdisciplinary teams can be very helpful in this area. Unfortunately, when medical and para-medical personnel work with teachers another problem arises - the problem of interdisciplinary communication. Very often each discipline sees the child in light of his own specialization. Everyone becomes piece workers and the resultant mosaic is sometimes quite different from the original child. Another problem arises besides the communication difficulty. For years educators have considered the responsibility of teaching reading the province of the elementary teacher. Considerable education will be necessary for effective interdisciplinary cooperation. Very often a good public relations job is needed to connect the program with regular classroom teachers, administrators, medical and para-medical personnel and parents. Generally, parental objection is not an obstacle. They usually are most anxious to cooperate when properly indoctrinated and informed.

3. Space

Unfortunately, there is frequently the lack of necessary space within the school for instituting the small tutoring or clinical program. Enough rooms for the necessary 1 to 1 or very small group teaching are hard to find - sometimes even one small room.

4. Staff

Additional number of staff positions would be necessary in each school -- both in number of specialized instructors and/or remediators as well as supportive services. Volunteers and aids can make a valuable contribution if properly trained. In addition, however, teachers must also be taught how to effectively employ the supplementary personnel.

5. Material

The problem of limited or ineffective materials and method guidelines in

all other subject areas in addition to reading is considerable. Some adaptation of content curriculum for the dyslexic children is a must. If pupils receive adequate therapy in language arts but meet frustration in other subjects, the total remediation program will suffer considerably. This frustration is particularly noticeable and acute in grades 9-12. Usually the minimum number of units required for high school graduation is 18, of which 12 must be in the field of general education. Dyslexic pupils may not be able to obtain the 12 units if they are not in the regular school program and will be denied the opportunity to be graduated. Some adjustment must be made in these Carnegie units.

6. Teacher Education

One of the major barriers to implementing a dyslexic program is the difficulty in obtaining qualified teachers. Many neophite teachers coming out of teacher training colleges do not understand the concepts and basic skills necessary for teaching a successful reading program. The problem of inadequately trained teachers is more pressing because it involves a serious difference of opinion among educators of teacher training institutions. The argument as to whether to emphasize subject matter courses or professional techniques courses has been going on for some time. The subject matter proponents appear to be in the ascendency. Local universities offer the most minimal undergraduate training in myriad approaches to the teaching of reading. In fact, a secondary teacher of English or language arts can be graduated from most teacher training schools in the country and never have taken a course in the teaching of reading. The average primary teacher may be required to take one course in the teaching of reading or language arts.

To complicate matters, a large number of certified employed teachers have never had a course in college in the teaching of reading, and many who have had a course

do not appear to really understand the basic language arts concepts. The situation becomes of greater concern when we face the fact that in most systems we are teaching reading by many different methods and that local schools change these methods from year to year. In addition, the schools often have not agreed upon one systematic sequence of skills. This lack of an organized and accepted sequence of skills for all children and the switching from one pedagogical procedure or material to another causes innumerable problems for our inexperienced and even experienced teachers.

In the area of dyslexia the problem is a hundred times worse. Very few colleges even recognize the condition, let alone offer courses in the area at the undergraduate or graduate level. If educators cannot change the requirements or philosophies of the teacher training institutions, then the local school systems must provide an ongoing program of inservice education and curriculum development. In other words, schools will not only need to teach children but also teach teachers.

Most present inservice programs consist of releasing teachers five or six days during the school year. This approach has not effectively trained teachers in the area of the dyslexic child.

Another type of traditional inservice with master teachers demonstrating with small groups of pupils and national authorities lecturing on the finest pedagogical procedures is also of questionable value. One sees a lot of enthusiasm and interest generated but very little change or impact in the classroom.

Theoretically, staff can be trained during the summer. However, this is difficult to implement since most local units cannot afford massive inservice programs.

Teacher education inservice, so desperately needed, can be conducted effectively at the local school level during the school day. Many administrators reject this concept of released time since it takes considerable planning and organization. Also, if local systems are going to train their own teachers they must find instructors who

understand the uniqueness of the dyslexic and the unusual way he learns the language.

7. Pedagogical Procedures

Once the dyslexic child is identified and placed in the appropriate program, the teachers must provide the proper pedagogical techniques. Unfortunately, popular reading techniques are not easily changed.

When a specific learning problem can be defined, individualized teaching methods, materials, and techniques should be utilized by the school system to help these children to circumvent or to overcome their particular learning disability.

Unfortunately, in some programs every remedial pupil is exposed to one particular technique. The selection of the specific pedagogical procedure may depend to a large extent on the training of the clinician and the bias of the diagnostic center. Educators embrace the philosophy of individual differences, but too often accept the "one right way" of teaching reading to all retarded readers. Pupils and teachers alike have had to adjust to the one procedure instead of the teacher and technique adjusting to the needs of the child. Too often teachers have followed one policy blindly because some authority has said, "This is the way." Experience has demonstrated the fact that there is no magic panacea for all children. These severely retarded readers have one consistent syndrome, besides their retardation, and that is inconsistency. The clinician must select the appropriate technique through diagnostic teaching and use all sensory pathways to reinforce the weak memory patterns. The method or combination of methods that helps the child is the right method. A teacher must have considerable training and proficiency in all pedagogical procedures to follow this eclectic approach.

In summary, the organization of the actual remediation program can become an overwhelming barrier. The following difficulties must be overcome if an effective

program is to be implemented: confusing in selecting the proper teaching environment; disagreement on the appropriate pedagogical techniques; difficulty of early identification; and inadequate space, staff and materials.

Research and Evaluation

A great deal has been researched and written relating to the retarded reader. Unfortunately, a survey of the literature indicates that there is considerable lack of agreement among the interested professionals as to the etiology and appropriate pedagogical procedure for the dyslexic pupil. Some of the apparent barriers are the obvious lack of definitions, organized programs of remediation and invalid or unreliable measuring instruments. Even the availability of new statistical techniques and sophisticated "hardware" have not appreciably solved the problem. The old saying of "put garbage in and you get garbage out" is still applicable.

In almost all new innovative educational activities there is great difficulty in convincing people of the need for longitudinal experimental programs in which the approaches and techniques are kept pure for the length of the study. Strong efforts must be made to resist contamination with personal interpretations and biases.

Dyslexia programs, if they are successful, will be at best a slow process and only the teacher and other people who are directly involved will see the slow changes in behavior of the students. These behavioral changes are difficult to measure objectively. Consequently, the evaluation of the program should be done by the people directly involved. Unfortunately, this is sometimes impossible for local research departments to understand.

Nevertheless, it is most vital that effective longitudinal research be carried on somewhere in the country because too often local school systems will insist on supportive research before starting a new program. I say longitudinal because the research just does not exist to show the amount of remission, the most effective

teaching procedures, the optimum starting grade level, and the amount and length of therapy.

In summary, there is very limited research in the area of the dyslexic child. Once the variables can be defined many research and evaluative projects can be instituted to provide school systems with the most effective educational program for these disabled readers.